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PTO/58/05 (12-97)

Approved for use through 9/30/2000. OMB 0651-0032

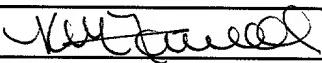
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09/993322



UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		<i>Attorney Docket No.</i>	JL-2010	<i>Total Pages</i>	68
<i>First Named Inventor or Application Identifier</i>					
Derry Roopenian					
		<i>Express Mail Label No.</i>	EL848696180US		
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
1. <input checked="" type="checkbox"/>	Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i>	6. <input type="checkbox"/>	Microfiche Computer Program (<i>Appendix</i>) Nucleotide and/or Amino Acid Sequence Submission <i>(If applicable, all necessary)</i>		
2. <input checked="" type="checkbox"/>	Specification [<i>Total Pages 68</i>] <i>(preferred arrangement set forth below)</i> - Descriptive title of invention. - Cross References to Related Applications. - Statement Regarding Fed sponsored R & D. - Reference to Microfiche Appendix. - Background of the Invention. - Brief Summary of the Invention. - Brief Description of the Drawings (<i>if filed</i>). - Detailed Description. - Claim(s). - Abstract of the Disclosure.	7. <input type="checkbox"/>	a. <input type="checkbox"/>	Computer Readable Copy	
			b. <input type="checkbox"/>	Paper Copy (identical to computer copy)	
			c. <input type="checkbox"/>	Statement verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS					
3. <input checked="" type="checkbox"/>	Drawing(s) (<i>35 USC 113</i>) [<i>Total Sheets 8</i>]	8. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s))		
4. <input checked="" type="checkbox"/>	Oath or Declaration [<i>Total Pages 2</i>]	9. <input type="checkbox"/>	37 CFR 3.73(b) Statement ____ Power of Attorney <i>(when there is an assignee)</i>		
	a. <input type="checkbox"/> Newly executed (original or copy)	10. <input type="checkbox"/>	English Translation Document (<i>if applicable</i>)		
	b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.53(d))	11. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449		
	c. <input checked="" type="checkbox"/> Unexecuted	12. <input type="checkbox"/>	Copies of IDS Citations		
		13. <input checked="" type="checkbox"/>	Preliminary Amendment		
		14. <input type="checkbox"/>	Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		
			Small Entity Statement(s)		
			____ Statement filed in prior application.		
			Status still proper and desired.		
			Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>		
			Other: <u>Application Data Sheet</u>		
<i>[Note Box 5 below]</i>					
1. <input type="checkbox"/>	DELETION OF INVENTOR(S)	15. <input type="checkbox"/>			
	Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	16. <input checked="" type="checkbox"/>			
5. <input type="checkbox"/>	Incorporation By Reference (<i>useable if Box 4b is checked</i>) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.				
17. <input type="checkbox"/>	If a CONTINUING APPLICATION, check appropriate box and supply the required information: Continuation Divisional Continuation-in-part (CIP) of prior application No: _____				

18. CORRESPONDENCE ADDRESS					
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19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	Kevin M. Farrell				
SIGNATURE					
DATE	11/6/10				

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Derry Roopenian

Prior Application No.: 60/266,649

Prior Filing Date: February 6, 2001

Title: FcRn-BASED THERAPEUTICS FOR THE TREATMENT OF AUTO-IMMUNE DISORDERS

FEE TRANSMITTAL FORM

BOX PATENT APPLICATION

Assistant Commissioner for

Patents

Washington, DC 20231

Dear Sir:

The filing fee for the referenced application has been calculated as shown below.

CLAIMS	FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATION
	TOTAL CLAIMS	80-20 =	60	X 18	1,080
	INDEPENDENT	31-3=	28	x 84	2,352
MULTIPLE DEPENDENT CLAIMS			280		
			BASIC FEE		740
			SUBTOTAL		4,172
Reduction by 50% for filing by small entity					
				TOTAL =	2,086

Please charge my Deposit Account No. 06-0130 in the amount of \$_____. Two copies of this transmittal are enclosed.

A check in the amount of \$_____. to cover the filing fee is enclosed. Any deficiency or overpayment should be charged or credited to Deposit Account No. 06-0130.

Respectfully submitted,



Kevin M. Farrell
Registration No. 35,505
Attorney for Applicant(s)
(207) 363-0558

York Harbor, ME

Dated: 11/6/01

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